



**Indian**  
**HEALTH BOARD**

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COMMUNITY TRADITION WELLNESS

## **Psychology Doctoral Internship Program**

**Updated April 30, 2026**

**APA Accredited Doctoral Psychology Internship  
Training Program**

## TRAINING SITE

Indian Health Board of Minneapolis, Inc. (IHB) is a nonprofit, health care agency that provides medical, dental, mental and chemical health services to children, adolescents, and adults. According to 2021-2022 statistics, 64% of IHB clients identify as Native American, 22% identify as White, 10% identify as African American, and the remaining 4% identify as Asian, Native Hawaiian or other Pacific islander or unspecified. 21% of IHB clients overall also identify as Hispanic or Latine. Notably, the vast majority of clients seen at IHB and within the Counseling & Support Clinic identify as having mixed ethnic backgrounds. In the Counseling & Support Clinic, 63% of clients identify as female and 37% identify as male. Clients currently seen in the Counseling & Support Clinic range in age from four to 88 years old and identify with a variety of religious and spiritual orientations. Clients seen in the clinic also identify with diverse sexual orientations, including heterosexual, two spirit, gay, lesbian, bisexual, and queer. Socioeconomic status varies considerably between clients, though a large portion of the client population served fall below the poverty line.

Clients seen for counseling at IHB present with a wide array of concerns, including posttraumatic stress disorder, intergenerational and complex trauma, interpersonal difficulties, depression, anxiety, self-injury, suicidality, adjustment issues, parenting difficulties, identity development, domestic violence, history of abuse, substance abuse, eating disorders, and grief. Clients also present with diverse disability statuses, including physical, congenital, developmental, and acquired disabilities. Thus, the training program at IHB offers interns in-depth experience with a range of client populations and intersectional identities. Individual and family therapy, group therapy, child and adult assessment, chemical health assessments, social work, and psychiatric services. The department participates with the IHB Medical Clinic in a collaborative effort to reduce health disparities, and opportunities for consultation with Medical Clinic providers are also available.

Indian Health Board of Minneapolis has trained practica students and doctoral psychology interns since 1993, participated in the Urban Child and Family Consortium (UCFC) from 2000-2006, and added a postdoctoral fellow program in 2004. The doctoral psychology internship received APPIC membership in 2000 and APA accreditation in 2015 with a 10 year renewal in 2024.

The agency provides trainees with a wealth of diverse clinical experiences and training opportunities, including urban outpatient treatment, psychological evaluations, collaborative opportunities with local schools and other agencies, and topic- or diagnosis-specific group therapy. Many interdisciplinary resources are available to interns, both onsite and in collaboration with other agencies and organizations. Staff is committed to working with urban and culturally diverse children and families, with specialized focus and services on the urban American Indian community. The Indian Health Board of Minneapolis, Inc. complies with guidelines put forth by the Association for Psychology Postdoctoral and Internship Centers (APPIC) and American Psychological Association (APA).

### INDIAN HEALTH BOARD MISSION, VALUES AND POLICIES

#### **MISSION STATEMENT**

To ensure access to quality health care services for American Indian and other peoples and to promote health education and wellness.

## VALUES

Respect for Culture  
 Excellence  
 Leadership

## VISION

The patients of IHB reach the highest level of health and wellness available, incorporating traditional, culturally correct practices with the best available scientific medical knowledge. They receive the support and commitment of a staff dedicated to patient's success, trained in the skills necessary, and committed to the mission of IHB. Widely known and valued in its community, the Indian Health Board is known as the best place for persons seeking health and wellness, and the best place in the industry to work.

## PHILOSOPHY AND MISSION OF TRAINING

The Indian Health Board's guiding philosophy regarding training is to equip developing psychology professionals with the skills needed to serve the diverse and complex mental health needs of the urban American Indian community and others in need in our surrounding urban neighborhoods, as well as rural or reservation-based communities. Because of this focus, we provide diverse and comprehensive training opportunities to all trainees, including our doctoral psychology interns. Training opportunities draw upon the wealth of programs offered at IHB and with community partners.

Indian Health Board is invested in high quality training, and frequently staff will present training seminars in their particular area of expertise. Additionally, we invite American Indian community members and professionals to present cultural trainings once per month to gain perspective and understanding from the community's point of view. On occasion, cultural opportunities are often available for trainees to observe and/or participate in, such as beading, ribbon skirt making, star quilting, moon ceremonies and sweat lodges. Trainees consult and collaborate with a range of team members and community providers, including psychiatrists, social workers, psychologists, occupational therapists, case managers, school staff, and county workers. Doctoral psychology interns also may have an opportunity to supervise other developing professionals.

**INTERNSHIP PROGRAM TABLES**

Date Program Tables are updated: **April 30, 2026**  
Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented	

## Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation

### PRACTICA AND ACADEMIC PREPARATION REQUIREMENTS

- Graduate coursework and practicum training in psychotherapy and psychological interventions with adults and children, including competence with cognitive and personality assessment and the creation of written evaluations. An integrated psychological evaluation for both an adult and a child are expected.
- Graduate coursework and practicum experience with psychopathology and diagnostic assessment.
- Strong oral and written communication skills, efficient time management skills, and comfort and competence in challenging situations, including crises.
- Verification from the graduate program Director of Training that all coursework, comprehensive examinations and other required benchmarks will be completed by the internship start date.

Per job description:

- Enrolled in a doctoral program at a regionally accredited school and pursuing a doctoral degree in an applied psychology field.
- Completion of all doctoral level coursework in applied psychology field.
- 300 hours (combined) previous experience and training in clinical assessment and psychotherapy of children, adolescents, and/or adults.

#### **Selection Process:**

Interns are selected from applicants through the APPIC (Association of Psychology Postdoctoral and Internship Centers) website. Preference is given to graduate students from APA-accredited doctoral programs in professional psychology.

Applications are screened by the Training Director and training staff with priority given to experience in a community mental health setting and knowledge concerning trauma. Applications are ranked according to the written materials, including reference letters, and the estimation of fit with the training program, with the top-ranked applicants invited to interview. Following interviews, initial rankings are revisited and submitted to APPIC.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: **Yes** Amount: 300 (combined with assessment)

Total Direct Contact Assessment Hours: **Yes**

Describe any other required minimum criteria used to screen applicants: None

### Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	34,325	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (Vacation)	128	
Hours of Annual Paid Sick Leave	Included in PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other benefits (please describe):		
Dental insurance (additional monthly premium or free onsite basic dental services), flexible spending account (pre-tax basis of employee contributions), 7 paid holidays. \$400 per intern, per year, for trainings, books, or conferences Interns may want to purchase/attend.		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

**Initial Post-Internship  
Positions**

(Provide an Aggregated Tally for the Preceding 3  
Cohorts)

	<b>2022-2025</b>	
Total # of interns who were in the 3 cohorts	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching		
Community mental health center	4	
Consortium		
University Counseling Center		
Hospital/Medical Center	1	
Veterans Affairs Health Care System		
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	2	
Other	1	

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## TRAINING PROGRAM

Interns of the IHB Doctoral Psychology Training Program will gain experience working with children, adolescents, adults and families in a community healthcare clinic. Interns will spend approximately 90% of their time in outpatient psychotherapy and training activities, and 10% in outpatient assessment and related training and supervision activities.

On a weekly basis, interns spend at least one hour in direct clinical supervision of cases with their primary supervisor, one hour per week with their secondary supervisor one hour each in group supervision and case consultation with all clinical staff, and two hours of didactic. As part of orientation, interns outline their interests, goals, and skills with the Training Director so that therapy and assessment cases that are commensurate with the intern's skills and interests may be assigned.

## CLINICAL TRAINING EXPERIENCES AND GOALS

Interns learn agency-specific while being encouraged to develop their own style of professional writing, interviewing, and treatment within those guidelines. Interns develop basic competence in a variety of areas through direct clinical experience, didactic seminars, and team/group case consultations.

### **Clinical Experience**

Interns provide treatment and assessment supervised by the Training Director and other IHB Licensed Psychologists. A range of presenting concerns are treated, such as depression, anxiety, Posttraumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder, Reactive Attachment Disorder, Fetal Alcohol Spectrum Disorders (FASD), physical and sexual abuse and neglect and substance abuse. Interns complete general psychological evaluations. They may lead or co-lead therapy groups and provide consultation to the Medical Clinic or other agencies.

Primary clinical experiences include outpatient therapy, consultation at Anishinabe Academy and psychological evaluation. Secondary clinical experiences may include group therapy, consultation with Medical Clinic staff and/or other staff within and outside IHB and provision of supervision.

# CLINICAL TRAINING

## Training Meetings

All trainees are required to attend training meetings each week, scheduled as follows:

*Tape Review: Weekly*

*Assessment Consult: Bi-weekly*

*Case Consultation: Weekly*

All C&S clinical staff and trainees attend this meeting. Cases are reviewed, as well as a variety of clinical topics. Staff usually eats their lunch during this meeting.

*Trainee Seminar: 2 hours every Tuesday*

C&S clinical staff and outside professionals facilitate this meeting so that trainees have an opportunity to meet with and learn from a variety of staff who have a variety of clinical orientations and perspectives.

Didactic topics such as ethics, play therapy, countertransference, attachment, and trauma will be covered.

## Supervision

Supervision will address, but will not be limited to, assessment and diagnostic skills, therapy skills and professional development. A supervision contract will be created early in the year, in order to identify strengths and needs and to make expectations clear. The primary supervisor will be responsible for co-signing trainee's documentation and supervising clinical and administrative aspects of the case. All Intake Summaries, Treatment Plans, chart notes, letters, written communications, reports, and Discharge Summaries must be co-signed by the supervisor.

Review of audiotape is a valuable aspect of the supervision process. Specific consent from the client and/or the client's guardian is required and consent forms are available.

Emergency consultation with a licensed clinical staff member is always available and advised in crisis situations, particularly those that involve the assessment of suicide risk or danger to others. If all staff are in session when consultation is needed, it is acceptable to interrupt a staff provider's session. If possible, consultation should be sought from the supervisor.

## \*Assessment

Trainees arrive with varying levels of assessment skill and experience. Because some amount of assessment is possible with each client, it is important to be proficient with all major categories of assessment and appropriate tests used at the Indian Health Board. Interns and Fellows are expected to administer, score, interpret and write reports on all relevant tests.

## \*Anishinabe Academy

Interns and Fellows will be providing services onsite at a local elementary magnet school, Anishinabe Academy, once weekly during the regular school sessions. A schedule will be provided, along with relevant training, supervision, and planning for the classroom therapeutic support. Careful planning of any trainee vacation or days off should take the local school calendar into consideration in order to miss as few days as possible and to maximize the limited time available for onsite services.

## Therapy

A range of presenting concerns are treated, such as depression, anxiety, Posttraumatic Stress Disorder, attention problems, Reactive Attachment Disorder, Fetal Alcohol Spectrum Disorders, physical and sexual abuse, neglect and substance abuse. Interns receive training in both long- (at least six months) and short-term therapy and are supervised in utilizing a range of theoretical approaches, including cognitive-behavioral, psychodynamic, and play therapy. Proficiency in crisis intervention and management is valued and relevant training is provided. Trainees learn agency-specific guidelines while being encouraged to develop their own style of interviewing, professional writing, and treatment within those guidelines. Interns and Fellows may lead or co-lead therapy groups.

### **Didactic Seminars**

Each week a didactic training experience is selected based upon the needs of the trainee, knowledge of clinic operations and clinical practice expectations, meeting training goals of internship and APA requirements.

Interns, the Training Director, and interested agency professionals meet weekly as a group for approximately two hours of didactic seminar. Professionals from within the agency and the community are invited to lead seminars. Past seminar topics have included public health program development and policy, Adverse childhood experiences and trauma in Indigenous communities, suicide prevention and safety planning, child development, play therapy, Dialectical Behavior Therapy (DBT), attachment models, countertransference, psychiatric medication management, ethics and professional issues, supervision models and topics, and neuropsychological evaluation.

Interns provide a formal therapy case presentation once a year and a formal assessment case presentation once a year.

### **Team/Department Case Consultations**

Interns attend weekly case consultation and are exposed to a variety of viewpoints, intervention theories and recommendations at these meetings.

### **Competencies**

Consistent with our mission, training is expressed in the following broad competencies:

1. **Research:** Interns will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
2. **Ethical and Legal Standards:** Interns will demonstrate the ability to respond professionally in complex situations in accordance with the APA Code and relevant laws, regulations, rules, policies, standards and guidelines.
3. **Professional Values, Attitudes, and Behaviors:** Interns will develop the ability to engage in self-reflection regarding one's personal and professional functioning, actively seek and demonstrate openness and responsiveness to feedback and supervision and respond professionally in increasingly complex situations.
4. **Communication and Interpersonal Skills:** Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.
5. **Assessment:** Interns will demonstrate competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs.
6. **Intervention:** Interns will demonstrate competence in evidence-based interventions consistent with a variety of diagnoses, problems, and needs and across a range of therapeutic orientations, techniques, and approaches. They will develop the ability to critically reflect on appropriateness of evidence-based interventions with the American Indian community and is able to justify when other interventions are more appropriate.
7. **Supervision:** Interns will develop competence in evidence-based knowledge of supervision models and practices and apply this knowledge in direct or simulated practice. Supervision involves the mentoring and monitoring the development of competence and skill in professional practice and the effective evaluation of those skills.
8. **Consultation:** Interns will develop competence in consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities

## TRAINING PROGRAM OUTCOMES

Three times a year the intern's performance is reviewed and assessed, and progress is evaluated, during the first and second thirds of the year through the internship and once at the end of the year. The ratings are informed by direct observation, case consultation, supervision, audio recordings, and formal case and didactic seminar presentations. Interns are rated on the 9 competency areas consistent with the Commission on Accreditation Profession Wide Competencies. The rating scale used is:

1. Substantial supervision is required on all cases/projects. No ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation. (Triggers remediation plan).	2. Regular supervision required on most straightforward cases/projects. Demonstrates an emerging ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation.	3. Regular supervision required on many cases/projects and in new skill areas. Demonstrates a steadier ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation.	4. Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only. Is able to very consistently demonstrate ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation.	5. Little consultation needed. Sound critical thinking/judgment evident overall. Consistently demonstrates ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation. (Ready for independent practice)	6. Some consultation needed in advanced or specialized areas. Demonstrates abilities beyond the minimal level required for entry to independent practice to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation.	7. Consultation needed only on very complicated cases/projects and demonstrates strong ability to 1) independently function in a broad range of clinical and professional activities; 2) generalize skills and knowledge to new situations; and 3) self-assess when to seek additional training, supervision, or consultation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By the second trimester evaluation, interns will be rated a 2 or higher for all items to remain in good standing.

By the end of the year (third trimester evaluation), interns will be rated a 5 or higher on all items to graduate the program.

In addition, the interns will receive direct feedback throughout the year. At the half-way point and at the end of the year, interns are asked formally and informally to evaluate and provide recommendations to the Training Director regarding their internship experience.

## RESEARCH

Interns may spend a small percentage of their time on dissertation-related research. Three hours a week spanning a three-month period may be used for dissertation release time. This time can be used at any point in the year but must be used consecutively. If the intern is unable to maintain their clinical responsibilities, this release time may be removed at the discretion of the training director.

## SUPERVISION

IHB requires a minimum of four hours of weekly supervision, which includes two hours of individual supervision; one hour with the Training Director (or other designated primary supervisor) and one hour with a secondary supervisor who is a doctoral level licensed psychologist; one hour of group supervision by attending case consultation with all C & S clinicians; and a second hour of group supervision on topics which may be bi-weekly (e.g. tape review consult, group sup, supervision of peer supervision program). Participation in the Anishinabe Academy rotation includes one hour of bi-weekly group supervision as well. All supervision includes a discussion/exploration of clinical, ethical, theoretical, conceptual, and empirical aspects of clinical activities with clients. Each intern will have additional supervision for psychological evaluations.

Interns may be offered an opportunity to work toward a competency in supervision. Interns may be invited to provide closely monitored supervision and/or co-supervision of the students depending on the presence of assessment and therapy practica students within the IHB training program.

### **Clinic Staff and Job Function**

*Laiel Baker-DeKrey, PhD, LP, Clinical Director and Recovery Services Director*, provides psychological services to adults, adolescents and children. She earned her PhD in Clinical Psychology from the University of North Dakota. She was also a student in the Indians into Psychology Doctoral Education (INPSYDE) Program and her research and training have been primarily in Native American mental health. Laiel is an enrolled member of the Three Affiliated Tribes (Mandan, Hidatsa, Arikara Nation) on the Fort Berthold Reservation of North Dakota.

*Luz Angelica Salinas, PsyD, LP, Clinical Training Director* attended Indian Health Board as a pre-doctoral practicum student, a pre-doctoral intern and post-doctoral fellow. After completing her training, she took at staff psychologist position with IHB in September of 2019 and transitioned into the role of training director in December 2020. Dr. Salinas provides clinical services to children, adolescents and adults. She identifies as a transracial adoptee from Colombia and has focused much of her clinical experience working with other transracially adopted peoples.

*Robin Young, PsyD, LP, Chief Psychologist*, provides psychological services to adults, adolescents and children. He received his doctorate in Clinical Psychology from Argosy University (Twin Cities), and completed his doctoral psychology internship and postdoctoral fellowship here at the Indian Health Board. Dr. Young's specialties are trauma and working with children and their caregivers.

*Thomas Murphy, PsyD, LP, Staff Psychologist*, began at the Indian Health Board in 2012. He received his doctorate in Counseling Psychology from the University of St. Thomas and completed trainings in a variety of settings, including community mental health, CD treatment, corrections, college counseling, and private practice. He completed his doctoral psychology internship at Twin Cities Internship Consortium (now titled Minneapolis Internship Consortium). Dr. Murphy's specialties are co-occurring mental health-chemical dependence issues, anxiety, and depression, with both adults and

adolescents.

*Micah Prairie Chicken PhD, LP* earned his degree from the University of North Dakota and completed his doctoral internship and postdoctoral fellowship at Indian Health Board. He is an enrolled member of the Oglala Lakota Oyate. He is also Mdewakantuan Dakota. His primary clinical interests include assessing and treating depression-, anxiety-, and trauma-related disorders. His primary research interests include American Indian coping styles, collectivistic coping styles, and gratitude.

*Christina Garrison-Diehn, PhD, LP* is a clinical psychologist and the Integrated Behavioral Health Manager at the Indian Health Board. Dr. Garrison-Diehn has expertise in working with adults and older adults focused on health-related concerns such as cognitive functioning, insomnia, and smoking cessation, as well as treatment of behavioral health concerns such as depression and anxiety. Her work is informed by evidence-based principles and her therapeutic approach is collaborative and strength-based. She completed her Doctor of Philosophy degree in Clinical Psychology from the University of Nevada, Reno in 2014. Before starting at the IHB in early 2023 she worked in academic medicine and VA medical settings.

*Donald "Richard" Wright, LADC, CI, Chemical Health Specialist*, is a Licensed Alcohol and Drug Counselor who has worked at the Indian Health Board since February 2004. Richard attended the University of Minnesota majoring in General Studies with a minor in American Indian studies. He has been employed in the alcohol and drug field for 25 years. He previously has worked in community corrections and with the State Department of Corrections. More recently he worked for 11 years as a primary treatment counselor for American Indian adolescents in Minneapolis. Richard also is a national speaker on inhalant and solvent abuse, and non beverage alcohols. Richard is married and has nine children, three of whom are adopted. He has raised countless foster children, and is now a grandparent of thirteen. Richard is a recent graduate of the St. John's University, Archdiocese of St. Paul earning a Catechist Institute Degree bestowed on May 8, 2012. Richard also writes books and has had three publications, including a drug prevention curriculum and two articles in professional journals for addiction medicine. Richard is member of the Leech Lake Chippewa, Pillager band, born and raised at Onigum, Minnesota.

## INTERN SELECTION

Interns are selected from applicants through the APPIC (Association of Psychology Postdoctoral and Internship Centers) website. Preference is given to graduate students from APA-accredited doctoral programs in professional psychology.

Applications are screened by the Training Director and training staff with priority given to experience in a community mental health setting and knowledge concerning trauma. Applications are ranked according to the written materials, including reference letters, and the estimation of fit with the training program, with the top-ranked applicants invited to interview. Following interviews, initial rankings are revisited and submitted to APPIC.

As a member of APPIC, IHB agrees to abide by the APPIC policy that no person will solicit, accept, or use any ranking-related information from any intern applicant.

## PRACTICA AND ACADEMIC PREPARATION REQUIREMENTS

- Graduate coursework and practicum training in psychotherapy and psychological interventions with adults and children, including competence with cognitive and personality assessment and the creation of written evaluations. An integrated psychological evaluation for both an adult and a child are expected.
- Graduate coursework and practicum experience with psychopathology and diagnostic assessment.
- Strong oral and written communication skills, efficient time management skills, and comfort and competence in challenging situations, including crises.
- Verification from the graduate program Director of Training that all coursework, comprehensive examinations and other required benchmarks will be completed by the internship start date.

Per job description:

- Enrolled in a doctoral program at a regionally accredited school and pursuing a doctoral degree in an applied psychology field.
- Completion of all doctoral level coursework in applied psychology field.
- 300 hours previous experience and training in clinical assessment and psychotherapy of children, adolescents, and/or adults.

### **Accreditation**

The doctoral internship program at Indian Health Board is accredited by the Commission on Accreditation of the American Psychological Association.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

## SALARY AND BENEFITS

The salary for full-time doctoral psychology interns is \$34,325 for a 12-month period. Internship positions are protected by a labor agreement between IHB and SEIU Healthcare Minnesota; interns are required to pay nominal, monthly dues to SEIU. Full-time interns receive the following benefits, beginning on the first day of the month following a calendar month of employment:

- 14 days of PTO (paid time off)
- 7 paid holidays and 3 personal “floating” holidays
- Health insurance (currently, Medica)
- Dental insurance (additional monthly premium, or free onsite basic dental services)
- Flexible spending account (pre-tax basis of employee contributions)
- \$400 per intern, per year, for trainings, books, or conferences Interns may want to purchase/attend.

## ADMINISTRATIVE ASSISTANCE

Business Coordinators are invaluable to the Counseling & Support clinic and, in their roles, create a safe and comfortable environment, facilitate client contact with providers, manage scheduling and facilitate documentation and billing.

### **Office of Program Consultation and Accreditation**

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